

**PCN10****COST OF HOSPITALIZATION FOR THORACIC SURGERY IN PATIENTS WITH LUNG CANCER IN GREECE**Leftakis A<sup>1</sup>, Geitona M<sup>2</sup><sup>1</sup>Thoracic Diseases SOTIRIA Hospital, Athens, Greece;<sup>2</sup>National School of Public Health, Athens, Greece

**OBJECTIVES:** To estimate the cost of hospitalization for thoracic surgery in patients with lung cancer, admitted to the Intensive Care Unit (ICU) of "SOTIRIA" General District Hospital in Athens.

**METHODS:** The chosen ICU is part of one of the largest specialized thoracic disease hospitals in Greece. Methodology is based on a retrospective study of patient records over a six-month period from September 1st 1997 to February 28th 1998. The sample consisted of 95 patients. Clinical data were derived from patients' medical records, while administrative, economic and other data came from the Hospital's administrative/financial department. Cost analysis is based on the cost of personnel, supplies, medication, laboratory and imaging tests, cost of infrastructure, hotel services and various on-site costs. Descriptive statistical analysis and frequencies were determined for the age, gender, hospital and length of stay (LOS-pre and postoperative inpatient stay) in ICU, severity of illness, resource consumption and ICU outcome (survival or death). All costs are reported in 1998 US dollars.

**RESULTS:** 218 patients from the five "SOTIRIA" hospital surgical departments were admitted to the ICU, 95 of whom (43.6%) were patients who underwent surgery for lung cancer. They had a total of 2,011 inpatient days and 276 inpatient days in the ICU. LOS in the hospital was 21.1 days and 2.9 days in the ICU. LOS for the preoperative period was 7.9 days and 10.3 days postoperative. Total patient-hospitalization costs in the ICU are estimated at US\$ 191,065 (pre) and US\$ 2,011(post) per patient. Major cost components are salaries of personnel (41.7%), diagnostic tests (23%), and medication (15%). Mean hospitalization cost for a thoracic surgery patient with lung cancer is estimated at US\$ 6,958.

**CONCLUSIONS:** Economic analysis could substantially contribute to the costing of diseases and would enable Greek policy makers to obtain the information required for their decision-making.

**PCN11****COST-EFFECTIVENESS OF SENTINEL LYMPH NODE MAPPING AND ADJUVANT INTERFERON THERAPY FOR STAGE II MELANOMA**

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**OBJECTIVE:** Clinical studies have demonstrated that high dose adjuvant interferon therapy improves disease-free and overall survival among high-risk (stage IIb and stage III) melanoma patients. Sentinel lymph node mapping (SLM) identifies metastasis and more accurately dif-

ferentiates between stage II patients at high risk, who then might benefit most from adjuvant interferon therapy. We analyzed the cost-effectiveness of first testing with sentinel lymph node mapping (SLM) and then treating with adjuvant interferon (IFN) therapy for stage II melanoma.

**METHODS:** We used a decision analytic model to compare four strategies for stage II patients after surgical excision of their melanoma: 1) treat all with low dose IFN; 2) test first with SLM and then treat only those with positive micrometastases with high dose IFN; 3) test first with SLM and treat positives with high dose and negatives with low dose IFN (test and treat appropriately); 4) treat no one. Treatment, toxicity, follow-up and relapse costs were included. The primary outcome was cost per quality adjusted life year (QALY)

**RESULTS:** Our analyses show that it is cost-effective to first test with SLM and treat appropriately compared to treating all with low dose IFN (\$12,400/QALY). Moreover, it is cost-effective to test and treat appropriately versus testing and only treating some with high dose (\$27,100/QALY). It is also more cost-effective to test and treat appropriately compared to no treatment (\$31,700/QALY).

**CONCLUSION:** Appropriate dosing of IFN therapy based on the results of sentinel lymph node mapping is a cost-effective strategy for stage II melanoma patients.

**PCN12****THE RELATIONSHIP OF AGE AND DURATION OF HORMONAL THERAPY USE AMONG PATIENTS DIAGNOSED WITH CANCER OF THE PROSTATE**Stolshek B<sup>1</sup>, Hersom K<sup>2</sup>, Pelletier E<sup>2</sup>, Delgado D<sup>1</sup><sup>1</sup>Amgen, Inc, Thousand Oaks, CA; <sup>2</sup> The Lewin Group, San Francisco, CA

**OBJECTIVE:** The utilization of LHRH agonists and anti-androgens in prostate cancer has resulted from both their availability and the substantial regret of patients following orchiectomy. Previously unavailable, this study describes hormonal therapy resource use by age group and duration from a large payer claims database.

**METHODS:** Male patients were identified in the Synergy data warehouse from 03/1999 to 07/2000 with age  $\geq 40$ , a claim for prostate cancer specific LHRH agonist medication, any additional prescription claim, and continuous medical and pharmacy enrollment. New cases of LHRH agonist monotherapy (MONO) or combination therapy with anti-androgen (CAB) were defined as no MONO or CAB during the 4 months prior to 3/1999. Therapy groups were stratified by age group ( $< 65$  (younger) and  $\geq 65$  (older)) and followed until 07/2000. Descriptive statistics were used to summarize the data.

**RESULTS:** 582 younger patients and 878 older patients were identified. 93.0% of the younger patients had private insurance compared to 28.2% government and 71.8% private insurance in the older patients. Average